STATEMENT OF DISCLOSURE OF INTERESTS

GOVERNOR/GOVERNOR'S CABINET/CABINET LEVEL STAFF! CONSTITUTIONAL OFFICERS/GENERAL ASSEMBLY MEMBERS

INSTRUCTIONS: This form is for reporting all interests required to be disclosed under the Conflict of Interest Disclosure Act (T.C.A. §§ 8-50-501 et seq., 2-10-128 and 2-10-129). Statements of Disclosure of Interests must be filed annually by April 15 with the Tennessee Ethics Commission, 201 4th Avenue North, Suite 1820, Nashville, TN 37243. If you have questions, please feel free to contact the Commission at (615) 253-8634 or email us at ethics.counsel@state.tn.us. You must complete items 1-6. If there were no changes in items 7-13 since the previous report, you may check the box in item 14; otherwise, you must complete items 7-13. Disclosure statements must be signed and the signature attested to by a witness in item 15. Attach additional pages as necessary. Please note that the information listed on this statement will be posted on the Commission's website as required by T.C.A. §§ 2-10-128(b), 2-10-129(b) and 8-50-501(d)(1).

NOTE: An amended Statement of Disclosure of Interests must be filed whenever reported conditions change due to the termination or acquisition of any interests for which disclosure is required by law.

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2. NAME OF OFFICIAL AND TITLE/POSITION

April 13, 2007	Tommy Kilby/State	Tommy Kliby/State Senator		
3. ADDRESS Street or Rural Route	City	State Zip Code		
434 Pine Orchard Road	Oakdale	TN, 37829		
P.O. Box 656	Wartburg	TN, 37887		
3a. PHONE NUMBER 423-346-2300				
purposes of this provision, income shall be resources of private income include, but are not No dollar amounts need to be stated; however income, except for sources of income receive American Stock Exchange or NASDAQ or from chartered bank. You may list only the name or business enterprise's securities, you may list brokerage firm or other fiduciary that may postehalf. For income derived from a mutual function business enterprise securities owned by the no customer list, or to list the address of any investmental Realty, Real Estate Sales and Appraisals	It limited to, offices, directors r, you must list the name and d from a security listed on the mincome received from inver f the entity. For income derive the name of the enterprise in sess or manage the securitie 1, you may list the name of the nutual fund. You are not request.	hips and salaried employment. I address of each source of e New York Stock Exchange, estments with a federal or state ed from the ownership of a ilieu of any investment es on your or your spouse's ne mutual fund in lieu of the		
State of Tennessee, State Sanator Salary				
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ETHICS COMMISSION

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b. List major source(s) of private income of more than \$1,000 of any minor child residing with you. No dollar amounts need be stated.						
None		The state of the s				
5. POSITIONS HELD: List any position held including, but not limited to, officer, director, trustee, general partner, proprietor, or representative of any corporation, firm, partnership, business enterprise, non-profit organization or educational institution. Both the month and year must be reported for the period of time the position was held. Positions with the federal government, religious, social, fraternal or political entities, and those solely of an honorary nature, do not require disclosure.						
Name of Organization	Position Held	Date Held				
Morgan County Medical Center	Executive Director	06/17/2005-10/01/2006				
your spouse is an intereste	st considered to be a blind trust pursuant t d party, identify the nature of the interest a ne Trustee. No individual asset held in suc	and list the location of the trust and				
corporation or other busine (5%) of the total capital. The or percentages of the inves	vestment by you, your spouse or minor ch ss organization in excess of ten thousand e name of the corporation or organization firment need be stated. urg, Tennessee, sole proprietorship, Owner and Bro	dollars (\$10,000) or five percent must be listed but no dollar amounts				
	- 3					
source(s) used for defraying	: List the amount and source (by name) of g the expenses related to the adequate pe	f any contribution from private erformance of your legislative duties.				
None						
residing with you performs lobbying in which you, your	n, firm or organization for whom any assoc compensated lobbying services. Also, list spouse or minor children residing with yo nent, the subject matters lobbied and/or th	any firm engaged in compensated u hold any interest. Explain the				
None						
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10.	PROFESSIONAL SERVICES: List in general terms (by areas of the client's interests) the entities to which professional services, such as those of an attorney, accountant or architect, are furnished by you or your spouse.
Real	Estate Appraisals for Lending Institutions and for Individuals
11.	RETAINER FEES: List any retainer fee you receive from any person, firm or organization which is in the practice of promoting or opposing, influencing or attempting to influence, directly or indirectly, the passage or defeat of any legislation before the Tennessee General Assembly, its legislative committees or the members thereof.
None	
12.	BANKRUPTCY: List any adjudication of bankruptcy or discharge received in any United States district court within five (5) years of the date of this report.
None	
13.	LOANS: List any loan or combination of loans for more than one thousand dollars (\$1,000) from the same source made in the previous calendar year to you, your spouse or minor children residing with you. Loans need not be disclosed on this report if they are: (1) From your immediate family (spouse, parent, sibling or child); (2) From a federally insured financial institution or made in accordance with existing law in the ordinary course of doing business of making loans. The loan must bear the usual and customary rate of interest, be made on a basis which assures repayment, evidenced by a written instrument and subject to a due date or amortization schedule; (3) Secured by a recorded security interest in collateral, bearing the usual and customary interest rate of the lender made on a basis which assures repayment; evidenced by a written instrument and subject to a due date or amortization schedule; (4) From a partnership in which you have at least ten percent (10%) partnership interest; (5) From a corporation in which more than fifty percent (50%) of the outstanding voting shares are owned by you or by your immediate family (spouse, parent, sibling or child).
14.	NO CHANGES IN ITEMS 7-13 (Check if applicable):
	There has been no change in the conditions listed in Items 7-13 since my previous report to the Tennessee Ethics Commission.

15. TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a witness)

I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report as required by the Conflict of Interest Disclosure Act.

Signature of Official Date

I, the undersigned, do hereby witness the above signature which was signed in my presence.

Brenda G. Badd 4-13-07

Signature of witness

Date

BRENDA A. GADD

Name of Witness (Printed)

